



PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

PRACTITIONER SHIPPING INFORMATION

Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

DEVICE SELECTION




<input type="checkbox"/> Carbon Composite Single Upright  <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Carbon Composite Double Upright  <input type="checkbox"/> Left <input type="checkbox"/> Right
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MEASUREMENTS

Finished Height _____
 Anatomical Ankle M/L _____

FOREFOOT ALIGNMENT (VARUS/VALGUS)

Select Finished Alignment:

 Right <input type="checkbox"/> Valgus _____° <input type="checkbox"/> Varus _____°	 Neutral* <input type="checkbox"/> Neutral*	 Left <input type="checkbox"/> Varus _____° <input type="checkbox"/> Valgus _____°
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Ankle Joint Alignment

Mechanical* Other: _____
 Anatomical

CAST CORRECTION

Sagittal Ankle Correction Ankle Alignment (dorsiflexion/plantarflexion) <input type="checkbox"/> Do not correct <input type="checkbox"/> Correct to 4° DF* <input type="checkbox"/> Correct to _____° <input type="checkbox"/> DF <input type="checkbox"/> PF	Coronal Hindfoot Alignment <input type="checkbox"/> Do not correct <input type="checkbox"/> Correct to vertical* <input type="checkbox"/> Correct to _____° <input type="checkbox"/> Varum <input type="checkbox"/> Valgum
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ORDER INFORMATION

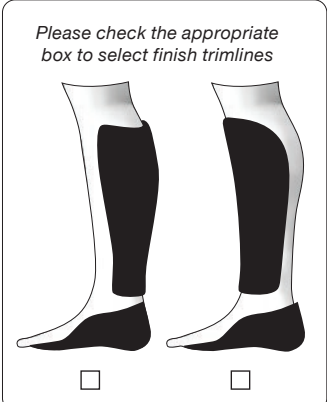
PO#: _____

Warranty Information

Diagnostic Check Orthosis (DCO) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please sign >	I understand the AFO will not be covered by the fit warranty if a DCO is not ordered. _____ Signature Date
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TRIMLINE SELECTION

- Footplate Length**
- Full Foot Length***
 - Sulcus Length
- Footplate Control**
- Full Control***
 - Long Medial (Supination Control)
 - Long Lateral (Pronation Control)
- Ankle Control**
- None***
 - Medial Supramalleolar Flare
 - Lateral Supramalleolar Flare
- Liners / Padding / Inserts**
- None***
 - Extra Navicular Padding
 - Plantar Footplate
 - Calf Section
 - Molded Inner Boot



- Footplate Stabilization**
- None***
 - Heel
 - Forefoot
 - Heel Lift Height _____

JOINT SELECTION

- | | |
|--|--|
| Size
<input type="checkbox"/> A (100 - 240 lbs)
<input type="checkbox"/> B (65 - 220 lbs) | Side
<input type="checkbox"/> Lateral*
<input type="checkbox"/> Medial |
|--|--|

- Booster Springs**
- None
 - Dorsiflexion Resist
 - Plantarflexion Resist

*Refer to Triple Action Product Manual to select number of components and booster springs.



SPECIAL INSTRUCTIONS

Note: If you don't choose an option, the * (default) option will be selected for you.